

GIC Health Plan Rates
MONTHLY RATES AS OF JULY 1, 2020
FOR THE TOWN OF HOLBROOK ENROLLEES

INCLUDING THE 0.35% ADMINISTRATIVE FEE

Active Employees, Retirees and Survivors without Medicare

	Teacher Who Retired Before July 1, 2008 Pays Monthly %	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Teacher Who Retired Before July 1, 2008 Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly %	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$	Employee and Non-Medicare Retiree/ Survivor Pays Monthly \$
Health Plan		Individual Coverage	Family Coverage		Individual Coverage	Family Coverage
Allways Health Partners	10%	64.69	167.77	15%	103.18	268.42
Fallon Health Direct Care	10%	60.07	151.42	15%	92.79	234.22
Fallon Health Select Care	10%	81.18	197.19	15%	125.43	304.96
Harvard Pilgrim Independence Plan	10%	88.97	217.15	15%	137.58	335.88
Harvard Pilgrim Primary Choice Plan	10%	64.58	164.65	15%	99.81	254.55
Health New England	10%	57.08	135.65	15%	89.14	212.22
Tufts Health Plan Navigator	10%	79.90	195.15	15%	119.86	292.72
Tufts Health Plan Spirit	10%	56.59	135.89	15%	91.00	219.23
UniCare State Indemnity Plan/Basic <i>with CIC (Comprehensive)</i>	10%	116.38	258.27	30%	349.13	774.81
UniCare State Indemnity Plan/Basic <i>without CIC (Non-Comprehensive)</i>	10%	110.74	245.44	30%	332.23	736.32
UniCare State Indemnity Plan/Community Choice	10%	51.75	127.70	15%	82.89	205.21
UniCare State Indemnity Plan/PLUS	10%	72.37	172.25	15%	108.56	258.38

Retirees and Survivors with Medicare

	Teacher Who Retired Before July 1, 2008 Pays Monthly Per Person		Retiree and Survivor Pays Monthly Per Person	
Health Plan	%	\$	%	\$
Harvard Pilgrim Medicare Enhance	10%	40.40	30%	121.21
Health New England Medicare Supplement Plus	10%	40.48	15%	60.72
Tufts Health Plan Medicare Complement	10%	38.39	15%	57.58
Tufts Health Plan Medicare Preferred*	10%	32.51	15%	48.77
UniCare State Indemnity Plan/Medicare Extension (OME) <i>with CIC (Comprehensive)</i>	10%	39.99	30%	119.96
UniCare State Indemnity Plan/Medicare Extension (OME) <i>without CIC (Non-Comprehensive)</i>	10%	38.88	30%	116.64

***Benefits & rates of Tufts Health Plan Medicare Preferred are subject to federal approval and may change on January 1, 2021.**

Rates are calculated by the Town of Holbrook Benefits Office.

RATE QUESTIONS? CALL: 1-781-353-5567

GIC Health Plan Rates

GIC RETIREE DENTAL PLAN <i>Includes 0.35% Administrative Fee</i>	
Monthly GIC Plan Rates as of July 1, 2020	
\$1,250 Maximum Annual Benefit Per Member	
Coverage Type	Retiree Pays Monthly
Single	\$29.92
Family	\$72.07

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